

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
REQUEST FOR FILING APPLICATION UNDER 37 CFR 1.53(b)  
WITHOUT FILING FEE OR EXECUTED INVENTOR'S DECLARATION

Assistant Commissioner for Patents  
Washington, D.C. 20231

Atty. Dkt. 264-149  
Date: July 29, 1999

Request for filing a new PATENT APPLICATION under Rule 53(b) entitled:

**AUDIO CASSETTE EMULATOR**

without a filing fee and/or without an executed inventor's oath/declaration.

This application is made by the below identified inventor(s). Attached hereto are the following papers:

- ☒ An abstract together with  
136 pages of specification and claims including  
42 numbered claims and also attached is/are  
11 sheets of accompanying drawings.  
☐ This application is based on the following prior foreign application(s):

Application No.	Country	Filing Date
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respectively, the entire content of which is hereby incorporated by reference in this application, and priority is hereby claimed therefrom.

- ☒ This application is based on the following prior provisional application(s):

Application No.	Filing Date
60/112,698	August 27, 1998
60/138,551	June 10, 1999

respectively, the entire content of which is hereby incorporated by reference in this application, and priority is hereby claimed therefrom.

Certified copy/ies of foreign applications attached.

This application is a ☐ continuation/☐ division/☐ continuation-in-part of application Serial No. , filed

Please amend the specification by inserting before the first line: --This application is a ☐ continuation/☐ division/☐ continuation-in-part of application Serial No. , filed , the entire content of which is hereby incorporated by reference in this application.--

Please amend the specification by inserting before the first line: --This is a continuation of PCT application No. , filed , the entire content of which is hereby incorporated by reference in this application.--

Preliminary amendment to claims (attached hereto), to be entered before calculation of the fee.

Also attached.

Inventor:	<b>Addison</b>	<b>M.</b>	<b>FISCHER</b>	<b>U.S.A.</b>
	(first)	MI	(last)	(citizenship)
Residence: (city)	<b>Naples</b>	(state/country)	<b>Florida</b>	
Post Office Address:	<b>3506 Mercantile Avenue, Naples, Florida</b>			
(incl zip code)	<b>33942</b>			

2. Inventor:	<b>Robert</b>	<b>L.</b>	<b>Protheroe</b>	<b>U.S.A.</b>
	(first)	MI	(last)	(citizenship)
Residence: (city)	<b>Naples</b>	(state/country)	<b>Florida</b>	
Post Office Address:	<b>3506 Mercantile Avenue, Naples, Florida</b>			
(incl zip code)	<b>33942</b>			

NOTE: FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information.

Address all future communications to NIXON & VANDERHYE P.C., 1100 North Glebe Road, 8<sup>th</sup> Floor, Arlington, Virginia 22201.

1100 N. Glebe Road, 8th Floor  
Arlington, Virginia 22201  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100

**NIXON & VANDERHYE P.C.**

By Atty.: **Mark E. Nusbaum**, Reg. No. 32,348

Signature: Mark E. Nusbaum

MEN:mg